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CONFIRMATION NO. 6233

SERIAL NUMBER 09/456,278	FILING DATE 12/07/1999 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. P24,540 USA
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APPLICANTS

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** CONTINUING DATA ***** None

** FOREIGN APPLICATIONS ***** None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/11/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature	Initials		8	26	6

ADDRESS

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TITLE

TRANSDERMAL PATCH FOR DELIVERING VOLATILE LIQUID DRUGS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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